# Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 1 of 60

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF MISSOURI	<u> </u>	
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Danielle First name  Marie Middle name  Miller Last name and Suffix (Sr., Jr., II, III)	First name  Middle name  Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2937	

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 2 of 60

Debtor 1 Danielle Marie Miller Case number (if known)

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 3 of 60

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case 7. Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. When Case number District District When Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? □ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

**Danielle Marie Miller** 

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Page 4 of 60 Document

Deb	otor 1 Danielle Marie Mil	ler		Case number (if known)		
Par	t 3: Report About Any Bu	sinesses	You Own as a Sole Propri	etor		
12.	Are you a sole proprietor					
	of any full- or part-time business?	■ No.	Go to Part 4.			
		☐ Yes.	Name and location of bu	usiness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, St	ate & ZIP Code		
	it to this petition.		Check the appropriate b	oox to describe your business:		
			☐ Health Care Bus	siness (as defined in 11 U.S.C. § 101(27A))		
			☐ Single Asset Re	al Estate (as defined in 11 U.S.C. § 101(51B))		
			☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))		
			☐ Commodity Brok	xer (as defined in 11 U.S.C. § 101(6))		
			☐ None of the abo	ve		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, fin 11 U.S.C. 1116(1)(B).			
	For a definition of small	■ No.	I am not filing under Cha	apter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapte Code.	er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy		
		☐ Yes.	I am filing under Chapte	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Par	t 4: Report if You Own or	Have Any	/ Hazardous Property or A	ny Property That Needs Immediate Attention		
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat	☐ Yes.				
	of imminent and identifiable hazard to public health or safety?		What is the hazard?			
	Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	Number, Street, City, State & Zip Code		
				المستعدد الم		

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 5 of 60

Debtor 1 Danielle Marie Miller Case number (if known)

Part 5: Explain You

### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credi	t
counseling because of:	

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 6 of 60

Deb	tor 1 Danielle Marie Mil	ler		Case	number (if known)
Part	6: Answer These Quest	ions for R	eporting Purposes		
16.	What kind of debts do you have?	16a.		consumer debts? Consumer debts a rsonal, family, or household purpose.	are defined in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		business debts? Business debts are vestment or through the operation of	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you	owe that are not consumer debts or	business debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapte	er 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and administrative expenses	■ Yes.	are paid that funds will be a	. Do you estimate that after any exemavailable to distribute to unsecured cr	npt property is excluded and administrative expenses editors?
	are paid that funds will		No		
	be available for distribution to unsecured creditors?		☐ Yes		
18.	How many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000	□ 25,001-50,000
	you estimate that you owe?	☐ 50-99		<b>5001-10,000</b>	□ 50,001-100,000
	owe:	□ 100-1	99	□ 10,001-25,000	☐ More than100,000
		200-9	99		
19.	How much do you	<b>S</b> \$0 - \$8	50.000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 millio	
	be worth.		001 - \$500,000	□ \$50,000,001 - \$100 millio	
		□ \$500,0	001 - \$1 million	□ \$100,000,001 - \$500 mill	ion
20.	How much do you	<b>■</b> \$0 - \$	50.000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 millio	
	to be:	□ \$100,0	001 - \$500,000	□ \$50,000,001 - \$100 millio	
		<b>□</b> \$500,0	001 - \$1 million	□ \$100,000,001 - \$500 mill	ion
Part	7: Sign Below				
For	you	I have ex	amined this petition, and I de	eclare under penalty of perjury that the	ne information provided is true and correct.
					eligible, under Chapter 7, 11,12, or 13 of title 11, and I choose to proceed under Chapter 7.
				d not pay or agree to pay someone with the notice required by 11 U.S.C. § 34	ho is not an attorney to help me fill out this 2(b).
		I request	relief in accordance with the	e chapter of title 11, United States Co	de, specified in this petition.
		bankrupto and 3571	cy case can result in fines up		noney or property by fraud in connection with a to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,
			elle Marie Miller Marie Miller	Signature o	f Debtor 2
			e of Debtor 1	5.g. \( \tau \)	-
		Executed	on August 14, 2019	Executed o	n
			MM / DD / YYYY		MM / DD / YYYY

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 7 of 60

Debtor 1 Danielle Marie Miller Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jordyn M. Hill	Date	August 14, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Jordyn M. Hill Printed name		
Douglas Haun & Heidemann, P.C.		
901 E St. Louis St., Suite 1200 Springfield, MO 65806		
Number, Street, City, State & ZIP Code		
Contact phone (417) 887-4949	Email address	jordyn@dhhlawfirm.com
69137 MO		
Bar number & State		

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 8 of 60

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Western District of Missouri

In re	Danielle Marie Miller		Case No		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPEN	NSATION OF ATTO	RNEY FOR D	EBTOR(S)	
(	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	b), I certify that I am the attor g of the petition in bankruptcy	rney for the above na	amed debtor(s) and that d to me, for services re	
	For legal services, I have agreed to accept		\$	1,299.00	
	Prior to the filing of this statement I have received		\$	1,299.00	
	Balance Due			0.00	
2. 9	\$_335.00 of the filing fee has been paid.				
3. 7	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed compe	ensation with any other persor	n unless they are me	mbers and associates o	f my law firm.
	☐ I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the nan				law firm. A
6.	In return for the above-disclosed fee, I have agreed to rea	nder legal service for all aspec	ets of the bankruptcy	case, including:	
l G	<ul> <li>a. Analysis of the debtor's financial situation, and render</li> <li>b. Preparation and filing of any petition, schedules, state</li> <li>c. Representation of the debtor at the meeting of credito</li> <li>d. Representation of the debtor in adversary proceedings</li> <li>e. [Other provisions as needed]</li> </ul>	ement of affairs and plan whic rs and confirmation hearing, a	h may be required; and any adjourned he	-	cruptcy;
7. 1	By agreement with the debtor(s), the above-disclosed fee Chapter 13 only: All post-petition service representation in any adversary proceed Chapter 7 only: representation in any ad services that are provided by Attorney a	es where an additional fla ling, conversion to chapto versary proceeding, conv	t fee is allowed user 7. version to chapte	r 13, and any unfor	
		CERTIFICATION			
	I certify that the foregoing is a complete statement of any pankruptcy proceeding.	agreement or arrangement fo	or payment to me for	representation of the o	lebtor(s) in
Α	ugust 14, 2019	/s/ Jordyn M. Hil	I		
$\overline{D}$	Date	Jordyn M. Hill			
		Signature of Attorn <b>Douglas Haun &amp;</b>	<i>ey</i> : Heidemann, P.C		
		901 E St. Louis S	St., Suite 1200		
		Springfield, MO (417) 887-4949	65806 Fax: (417) 887-86	18	
		jordyn@dhhlawl		10	
		Name of law firm			

Aargon Collection Agen 3025 W Sahara Las Vegas NV 89102

Ameren Missouri PO Box 790352 Saint Louis MO 63179

AT&T - Uverse - Direct TV P.O. Box 5014 Carol Stream IL 60197

Capital One Bank Usa N Po Box 30281 Salt Lake City UT 84130

Cbs Col Padu 100 Fulton Ct. Paducah KY 42001

Christian County Collector's Office 100 West Church St, Rm 101 Ozark MO 65721

Cleaver Dermatology 1316 Country Club Drive Kirksville MO 63501

Collins Eye Clinic 1342 E Primrose St Springfield MO 65804

Comenity Bank/torrid Po Box 182789 Columbus OH 43218

Cox Medical Group 1423 N Jefferson Ave. Springfield MO 65802

Credence 17000 Dallas Parkway, Ste. 204 Dallas TX 75248 Creditors Financial Services, LLC 1675 E. Seminole St. Ste. L1 Springfield MO 65804

Desert Medicl F C U 3604 N Wells Fargo Ave S Scottsdale AZ 85251

Directv PO Box 5007 Carol Stream IL 60197

Diversified Adjustment 600 Coon Rapids Blvd Coon Rapids MN 55433

Diversified Consultant 10550 Deerwood Park Blvd Jacksonville FL 32256

Ferrell-Duncan Clinic 1001 E Primrose St. Springfield MO 65807

Glelsi/nelnet 2401 International Lane Madison WI 53704

Katrina Weber 611 E. Dyann Dr. Nixa MO 65714

Kia Motors Finance 4000 Macarthur Blvd Ste Newport Beach CA 92660

Kohls/capone Po Box 3115 Milwaukee WI 53201

Mercy 1235 E. Cherokee Springfield MO 65804 Missouri Eye Institute, LLC 1531 E. Bradford Pkwy., Ste. 100 Springfield MO 65804

Mrs Associates 1930 Olney Ave Cherry Hill NJ 08003

Nelnt/glelsi P.o. Box 7860 Madison WI 53707

Onemain Po Box 1010 Evansville IN 47706

Online Collections Po Box 1489 Winterville NC 28590

Ozark Anes-Oaa 1000 E Primrose, Ste. 520 Springfield MO 65807

Pioneer Capital Soluti 300 E Main St Ste 306 Anoka MN 55303

Pittenger Law Group LLC 6900 College Blvd. Ste. 325 Overland Park KS 66211-1513

Portfolio Recov Assoc 150 Corporate Blvd Norfolk VA 23502

Security Fin C/o Security Finance Spartanburg SC 29304

Transworld Sys Inc/55 Pob 15270 Wilmington DE 19850 US Cellular 2515 NW Arterial Dr. Dubuque IA 52002

Webbank/gettington 6250 Ridgewood Road Saint Cloud MN 56303

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 13 of 60

## United States Bankruptcy Court Western District of Missouri

In re	Danielle Marie Miller		Case No.			
		Debtor(s)	Chapter 7			
	<b>VERIFICATION OF MAILING MATRIX</b>					
	The above-named Debtor(s)	hereby verifies that the attac	ched list of cred	litors is		
	true and correct to the best of my k	nowledge and includes the n	ame and address	s of my		
	ex-spouse (if any).					
Date:	August 14, 2019	/s/ Danielle Marie Miller				
		Danielle Marie Miller		<u> </u>		

Signature of Debtor

# Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 14 of 60

Fill in this infor	mation to identify your	case:	Ü	
Debtor 1	Danielle Marie Mi	ller		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (	OF MISSOURI	
Case number				
(if known)				☐ Check if this is amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as Value o	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	26,236.41
	1c. Copy line 63, Total of all property on Schedule A/B	\$	26,236.4
Par	t 2: Summarize Your Liabilities		
			<b>abilities</b> t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	18,264.00
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	330.90
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	14,577.9
	Your total liabilities	\$	33,172.87
Par	t 3: Summarize Your Income and Expenses		
٠.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,285.95
	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,235.90
ar	t 4: Answer These Questions for Administrative and Statistical Records		
i.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
	■ Yes		

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

# Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 15 of 60

Case number (if known)

Debtor 1 Danielle Marie Miller

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_1,663.75

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	l claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	330.90
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	330.90

### Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 16 of 60 Case 19-60969-can7

Debtor 1 Debtor 2 (Spouse, if	his information to identify your c				
Debtor 2 (Spouse, if		ase and this filing:			
(Spouse, if	Danielle Marie Mill	ler			
(Spouse, if	First Name	Middle Name	Last Name		
		Middle Name	Last Name		
	-				
United S	States Bankruptcy Court for the:	WESTERN DISTRICT	OF MISSOURI		
Case nu	umber				☐ Check if this is an
					amended filing
Offici	ial Form 106A/B				
	<del></del>	ortv			4044
	edule A/B: Prope				12/15
hink it fit nformation	ts best. Be as complete and accurate	e as possible. If two mar	y once. If an asset fits in more than or rried people are filing together, both a form. On the top of any additional pag	are equally responsible for su	pplying correct
Part 1:	Describe Each Residence, Building,	Land, or Other Real Est	ate You Own or Have an Interest In		
Do yo	II Own or have any legal or equitable	interest in any residence	e, building, land, or similar property?		
. Do you	u own or have any legal or equitable	merest in any residence	e, bulluling, land, or similar property:		
No.	. Go to Part 2.				
☐ Yes	s. Where is the property?				
Part 2:	Describe Your Vehicles				
rait Z.	Describe rour venicles				
□ No ■ Yes					
3.1 N	л <sub>аке:</sub> <b>Кіа</b>	Who has an in	sterest in the property? Check one	Do not deduct secured cl	aims or exemptions. Put
	Model: Forte	Debtor 1 on		the amount of any secure Creditors Who Have Clair	ed claims on Schedule D:
	/ear: 2017	Debtor 2 on	•		
			d Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
С	Other information:		of the debtors and another		
	/IN: 3KPFL4A7XHE059984			\$13,850.00	\$13,850.00
٧		☐ Check if thi	is is community property	φ13,630.00	

**Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

 $\square$  No

Official Form 106A/B Schedule A/B: Property Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main

Debtor 1	Danielle Ma	Document Page 17 of 60 rie Miller Case numb	er (if known)	
■ Vo	s. Describe		, ,	
<b>—</b> 16:	s. Describe			
		Household Goods & Furnishings (see attached)		\$1,155.00
■ No	ples: Televisions a	and radios; audio, video, stereo, and digital equipment; computers, printers, scann I phones, cameras, media players, games	ers; music c	collections; electronic devices
Exam		I figurines; paintings, prints, or other artwork; books, pictures, or other art objects; ons, memorabilia, collectibles	stamp, coin,	, or baseball card collections;
Exam	ment for sports a ples: Sports, photo musical instr	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, sl	kis; canoes a	and kayaks; carpentry tools;
■ No		s, shotguns, ammunition, and related equipment		
☐ No		othes, furs, leather coats, designer wear, shoes, accessories		
		Clothing & Shoes		\$100.00
☐ No		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watch  Miscellaneous Costume Jewelry	nes, gems, ç	gold, silver
Exai	farm animals mples: Dogs, cats, s. Describe	birds, horses		
		1x Dog		\$0.00
■ No	other personal ar	nd household items you did not already list, including any health aids you did	d not list	
		of all of your entries from Part 3, including any entries for pages you have a number here	ttached	\$1,325.00
Doub de l'	Jacariba Vaur Einar	of all Appets		

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured

# Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 18 of 60

Debtor 1	Danielle Marie	Miller		Case number (if known)	
					claims or exemptions.
l6. <b>Cash</b> <i>Exam<sub>l</sub></i> □ No	<i>ples:</i> Money you ha	ve in your wallet, in your hor	me, in a safe deposit box, and or	n hand when you file your petition	
Yes.					
				Cash	\$5.00
			unts; certificates of deposit; shar with the same institution, list eac	res in credit unions, brokerage hou ch.	ses, and other similar
Yes.			Institution name:		
		17.1. Credit Union	TelComm Credit Unio	on	\$375.23
8. <b>Bonds</b> <i>Exam</i>	s, mutual funds, or ples: Bond funds, in	publicly traded stocks vestment accounts with brol	kerage firms, money market acc	counts	
■ No					
☐ Yes.		Institution or issuer n	name:		
	ublicly traded stoo	k and interests in incorpo	rated and unincorporated bus	sinesses, including an interest in	an LLC, partnership, and
■ No					
☐ Yes.	Give specific infor	mation about them			
		Name of entity:		% of ownership:	
Negot Non-n	<i>iable instrument</i> s in	clude personal checks, cash	iable and non-negotiable instrainers' checks, promissory notes, nafer to someone by signing or d	and money orders.	
■ No	Civo apositio inform	nation about them			
□ 1es.	Give specific inforr	Issuer name:			
	ment or pension a ples: Interests in IR.		03(b), thrift savings accounts, or	other pension or profit-sharing pla	ns
■ Yes.	List each account s	separately. Type of account:	Institution name:		
		DEEDE	DEEDE		Unknowen
		PEERS	PEERS		Unknown
Your s Exam		deposits you have made so	that you may continue service o bublic utilities (electric, gas, wate	or use from a company er), telecommunications companies	, or others
■ No □ Yes.			Institution name or individ	lual:	
_	ties (A contract for	a periodic payment of money	y to you, either for life or for a nu	umber of years)	
■ No □ Yes.	lssu	er name and description.			
4. Interes	ts in an education	<b>IRA, in an account in a qu</b> 9A(b), and 529(b)(1).	alified ABLE program, or und	er a qualified state tuition progra	am.
■ No		o,o,, and 020(b)(1).			
☐ Yes.	Insti	tution name and description.	. Separately file the records of a	ny interests.11 U.S.C. § 521(c):	
	, equitable or futu	re interests in property (ot	her than anything listed in line	e 1), and rights or powers exerci	sable for your benefit
■ No □ Yes.	Give specific infor	mation about them			

Schedule A/B: Property

Debt	or 1 Danielle Marie Miller	Doc 1 Filed 08/14/1 Document	Page 19 of 60	ase number (if known)	Desc Main
<i>E</i>	atents, copyrights, trademarks, trade Examples: Internet domain names, web No Yes. Give specific information about t	sites, proceeds from royalties ar		s	
E	icenses, franchises, and other general Examples: Building permits, exclusive li	censes, cooperative association	holdings, liquor license	es, professional licenses	
Ц	Yes. Give specific information about t	nem			
Mone	ey or property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
	ax refunds owed to you				
	Yes. Give specific information about the	nem, including whether you alrea	dy filed the returns and	I the tax years	
	amily support  Examples: Past due or lump sum alimon  No  Yes. Give specific information	ny, spousal support, child suppor	rt, maintenance, divorc	e settlement, property set	tlement
		Back Support Owed to D	obtor (monthly		
		obligation of \$337.00		Child Support	\$10,681.1
E	Other amounts someone owes you Examples: Unpaid wages, disability inst benefits; unpaid loans you n No Yes. Give specific information	obligation of \$337.00	)		
31. Ir	Examples: Unpaid wages, disability insu benefits; unpaid loans you n No	obligation of \$337.00  urance payments, disability benefinade to someone else	ofits, sick pay, vacation	pay, workers' compensat	
31. Ir	Examples: Unpaid wages, disability insubenefits; unpaid loans you now Noof Yes. Give specific information	obligation of \$337.00  urance payments, disability benefinade to someone else	ofits, sick pay, vacation	pay, workers' compensat	
31. Ir	Examples: Unpaid wages, disability instable benefits; unpaid loans you not	obligation of \$337.00  urance payments, disability benefinade to someone else  rance; health savings account (Heach policy and list its value.	ofits, sick pay, vacation	pay, workers' compensat	
31. Irr	Examples: Unpaid wages, disability instance benefits; unpaid loans you not	obligation of \$337.00  urance payments, disability benefinade to someone else  rance; health savings account (Heach policy and list its value. name:	efits, sick pay, vacation  HSA); credit, homeowne	pay, workers' compensater's, or renter's insurance	Surrender or refund value:
31. Ir E	Examples: Unpaid wages, disability insubenefits; unpaid loans you not	obligation of \$337.00  urance payments, disability benefinade to someone else  rance; health savings account (Heach policy and list its value. name:	efits, sick pay, vacation  HSA); credit, homeowne	pay, workers' compensater's, or renter's insurance	Surrender or refund value:
31. Irr	Examples: Unpaid wages, disability insubenefits; unpaid loans you not not yes. Give specific information  Interests in insurance policies  Examples: Health, disability, or life insubenefits. Not yes. Name the insurance company of Company of Company of Interest in property that is due you are the beneficiary of a living trustomeone has died.  Not yes. Give specific information  Claims against third parties, whether Examples: Accidents, employment disp	obligation of \$337.00  Trance payments, disability benefinade to someone else  rance; health savings account (Heach policy and list its value. In the same is to the same in the same in the savings account (Heach policy and list its value. In the same is the same is the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy account	efits, sick pay, vacation  HSA); credit, homeowned  Beneficiary  d  curance policy, or are contact the contact policy and the contact policy.	pay, workers' compensater's, or renter's insurance	Surrender or refund value:
31. Irr	Examples: Unpaid wages, disability insubenefits; unpaid loans you not	obligation of \$337.00  Trance payments, disability benefinade to someone else  rance; health savings account (Heach policy and list its value. In the same is to the same in the same in the savings account (Heach policy and list its value. In the same is the same is the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy and list its value. In the savings account (Heach policy account	efits, sick pay, vacation  HSA); credit, homeowned  Beneficiary  d  curance policy, or are contact the contact policy and the contact policy.	pay, workers' compensater's, or renter's insurance	Surrender or refund value:
31. Ir 1	Examples: Unpaid wages, disability insubenefits; unpaid loans you not not loans.  Noterests in insurance policies.  Examples: Health, disability, or life insubenefits. Note the insurance company of Company of Company of Loans are the beneficiary of a living trustomeone has died.  Note the insurance company of Company of Company of Loans are the beneficiary of a living trustomeone has died.  Note the specific information.  Elaims against third parties, whether Examples: Accidents, employment disp	obligation of \$337.00  Drance payments, disability benefinade to someone else  rance; health savings account (Heach policy and list its value. name:  ou from someone who has died t, expect proceeds from a life insert, expect proceeds from a life insert or not you have filed a lawsuit utes, insurance claims, or rights	efits, sick pay, vacation  HSA); credit, homeowned  Beneficiary  desurance policy, or are colored as a demand for to sue	pay, workers' compensater's, or renter's insurance	Surrender or refund value:

Official Form 106A/B Schedule A/B: Property page 4

35. Any financial assets you did not already list

 $\square$  Yes. Give specific information..

■ No

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 20 of 60

Debtor 1	Danielle Marie Miller		Case number (if known)	
	d the dollar value of all of your entries from Part 4, includir Part 4. Write that number here		' -	\$11,061.41
Part 5:	Describe Any Business-Related Property You Own or Have an Inter	rest In. List any real esta	ate in Part 1.	
37. <b>Do yo</b>	ou own or have any legal or equitable interest in any business-relat	ed property?		
No.	Go to Part 6.			
☐ Yes	. Go to line 38.			
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You fyou own or have an interest in farmland, list it in Part 1.	ı Own or Have an Interes	st In.	
46. <b>Do y</b>	ou own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	No. Go to Part 7.			
ПΥ	es. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That You	u Did Not List Above		
Exa ■ No	rou have other property of any kind you did not already list mples: Season tickets, country club membership os. Give specific information	?		
54. <b>Ad</b>	d the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part 8:	List the Totals of Each Part of this Form			_
55. <b>Pa</b> ı	rt 1: Total real estate, line 2			\$0.00
56. <b>Pa</b> i	rt 2: Total vehicles, line 5	\$13,850.00		<u> </u>
57. <b>Pa</b> i	rt 3: Total personal and household items, line 15	\$1,325.00		
58. <b>Pa</b> i	rt 4: Total financial assets, line 36	\$11,061.41		
59. <b>Pa</b> ı	rt 5: Total business-related property, line 45	\$0.00		
60. <b>Pa</b> i	rt 6: Total farm- and fishing-related property, line 52	\$0.00		
61. <b>Pa</b> i	rt 7: Total other property not listed, line 54 +	\$0.00		
62. <b>To</b> t	tal personal property. Add lines 56 through 61	\$26,236.41	Copy personal property total	\$26,236.41
63. <b>To</b> t	tal of all property on Schedule A/B. Add line 55 + line 62			\$26,236.41

Official Form 106A/B Schedule A/B: Property page 5

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 21 of 60

HOUSEHOLD GOODS/FURNISHINGS

# (Fair Market Value - what you would charge for it, not the original purchase price)

LIVING ROOM Sofa and Chairs TV Blue Ray/ DVD Player Lamps Entertainment Center Pictures Telephone	\$\frac{\text{VALUE}}{3\text{\O}}\$ \$\frac{25}{5}\$ \$\frac{25}{5}\$ \$\frac{25}{5}\$ \$\frac{25}{5}\$ \$\frac{25}{5}\$ \$\frac{25}{5}\$ \$\frac{25}{5}\$ \$\frac{25}{5}\$ \$\frac{25}{5}\$
CD's	<u>\$O</u>
Blue Ray/DVD's	<u>\$ 50 </u>
Clock	<u>\$O</u>
Camera	\$
Books	\$_50
Other (Please Specify)	\$0
DINING DOOM	<u>VALUE</u>
DINING ROOM	\$ 0
Table & Chairs	\$ 0
China Cabinet/Hutch Other (Please Specify)	\$ 0
Other (Flease specify)	<u> </u>
<u>KITCHEN</u>	<u>VALUE</u>
Refrigerator	\$ <u> </u>
Table & Chairs	\$O
Pots & Pans	\$ 50
Dishes & Silverware	\$ 75
Dishwasher	\$ <u> </u>
Stove	Ψ
Blender	
Microwave	
Coffee Maker	Ψ
Toaster	<b>***</b>
Toaster Oven	\$ <u> </u>
Mixer	\$ <u> </u>
Crockpot Canister Set	\$ <u>Ö</u>
Cookbooks	\$ 8
Other (Please Specify)	\$
Other (Flease speelig)	
MASTER BEDROOM	<u>VALUE</u>
Bed	\$ 50
Dresser	\$ 60
Lamps	\$ 5
TV	P
Table(s)	\$ 10
Pictures	\$ 25
Radio	Ψ
Alarm Clock	4
Linens/Bed Linens	\$ \$
Ceiling Fans	\$ 0
Other (Please Specify)	ΨΨ

# Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 22 of 60

CHILDREN/GUEST BEDROOM(S)  Bed(s) Dresser(s) Table(s) Pictures Toys Ceiling Fans Radio TV(s) Other (Please Specify)	VALUE \$ 35 \$ 0 \$ 15 \$ 20 \$ 0 \$ 0 \$ 0 \$ 35 \$ 25 Cube organizer
DEN/OFFICE/STUDY	<u>VALUE</u>
Desk	\$ 50
Computer	\$ 5
Laptop	\$ 50
Printer	<u>\$ 25</u>
Couch	\$ <u>O</u>
TV	\$
Other (Please Specify)	\$
UTILITY ROOM	VALUE
Washer/Dryer	\$
Vacuum Cleaner	\$
Iron/Ironing Board	\$ 0
Suitcases	\$ 20
Other (Please Specify)	\$ <u> </u>
GARAGE	<u>VALUE</u>
Lawnmower	\$
Garden Hose(s)	\$
Snow Blower	\$
Snow Shovel	\$
Rake	\$
Wheelbarrow	\$ <u> </u>
Deep Freeze	\$
Exercise Equipment (Types)	\$
Weed Eater	\$ <u> </u>
Ladder	\$
Leaf Blower	\$ <u> </u>
Lawn Chairs	\$ <u> </u>
Lawn Furniture	<u> </u>
Tools (Types & Amounts)	T
Other (Please Specify)	\$
ELECTRONICS	VALUE
Cell Phone(s)	\$ 708
IPad	\$_50
Gaming Consoles	\$ 150 20
Video Games	\$ <u>20</u> \$ 0
GPS	
Other (Please Specify)	\$

# Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 23 of 60

COLLECTOR ITEMS Dolls Plates Stamps Coins Baseball Cards Other (Please Specify)	\$\frac{\text{VALUE}}{\mathcal{O}}\$\$\$ \$\frac{\mathcal{O}}{\mathcal{O}}\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
JEWELRY Wedding Rings Rings Watches Necklaces Earrings Bracelets Other (Please Specify)	\frac{VALUE}{\$, \infty} \\$ \infty  \text{S} \\ \frac{5}{5}  \text{C} \\ \frac{5}{5} \q

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 24 of 60

Fill in this information to identify your case:								
Debtor 1	Danielle Marie Mil	ller						
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name	_				
United States Bar	nkruptcy Court for the:	WESTERN DISTRICT O	OF MISSOURI					
Case number								
(if known)					П	Check if this is an		
					_	amended filing		
(Spouse if, filing)  United States Bar  Case number					_	Check if this is amended filing	an	

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

,, , , , , , , , , , , , , , , , , , , ,	•	• •
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.
2017 Kia Forte 35000 miles VIN: 3KPFL4A7XHE059984	\$13,850.00	■ \$3,000.00 RSMo § 513.430.1(5)
Line from Schedule A/B: 3.1		□ 100% of fair market value, up to any applicable statutory limit
Household Goods & Furnishings (see attached)	\$1,155.00	■ \$1,155.00 RSMo § 513.430.1(1)
Line from Schedule A/B: 6.1		□ 100% of fair market value, up to any applicable statutory limit
Clothing & Shoes Line from Schedule A/B: 11.1	\$100.00	\$100.00 RSMo § 513.430.1(1)
Zino iloni concadio / v.Z. 1111		☐ 100% of fair market value, up to any applicable statutory limit
Miscellaneous Costume Jewelry Line from Schedule A/B: 12.1	\$70.00	■ \$70.00 RSMo § 513.430.1(2)
		□ 100% of fair market value, up to any applicable statutory limit
Cash Line from Schedule A/B: 16.1	\$5.00	\$5.00 RSMo § 513.430.1(3)
EINO NOM SUMBUUME A/D. 19:1		100% of fair market value, up to any applicable statutory limit

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 25 of 60

Case number (if known)

De	ebtor 1 Danielle Marie Miller					Case number (if known)		
		Brief description of the property and line on Schedule A/B that lists this property  Credit Union: TelComm Credit Union Line from Schedule A/B: 17.1		Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
				Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	•.•			\$375.23		\$375.23	RSMo § 513.430.1(3)	
	LIIIO	Tom Generale A/B. 1				100% of fair market value, up to any applicable statutory limit		
		RS: PEERS	4.4	Unknown		100%	RSMo § 513.430.1(10)(f)	
	Line	Line from Schedule A/B: 21.1				100% of fair market value, up to any applicable statutory limit		
		ld Support: Back S bebtor (monthly ob		\$10,681.18		100%	RSMo § 513.430.1(10)(d)	
	\$33	7.00) from Schedule A/B: 2				100% of fair market value, up to any applicable statutory limit		
3.		ject to adjustment on	•	of more than \$170,35 3 years after that for ca		ed on or after the date of adjustme	nt.)	
	_	No						
		'	the property cover	ed by the exemption wi	ithin 1,	215 days before you filed this case	?	
		☐ Yes						

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main

		Document	Page 26	of 60		
Fill in this informati	ion to identify you	ur case:				
Debtor 1	Danielle Marie I	Miller				
_	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
, 0,						
United States Bankri	uptcy Court for the	: WESTERN DISTRICT OF MIS	SOURI			
Case number(if known)					_	if this is an ded filing
Official Form 1	106D					
		Who Have Claims	Secured	hy Propert	V	12/15
Scriedule D	. Creditors	Willo Have Claims	<u> </u>	by Fropert	у	12/13
		If two married people are filing togeth out, number the entries, and attach it				
1. Do any creditors hav	ve claims secured b	y your property?				
□ No. Check thi	s box and submit t	this form to the court with your other	schedules. You	u have nothing else t	o report on this form.	
Yes. Fill in all	of the information	below.				
Part 1: List All S	ecured Claims					
2. List all secured clai	ims. If a creditor has	more than one secured claim, list the cre	editor separately		Column B	Column C
		s a particular claim, list the other creditors in Part 2. As		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Kia Motors F	inance	Describe the property that secures	the claim:	\$18,264.00	\$13,850.00	\$4,414.00
Creditor's Name		2017 Kia Forte 35000 miles VIN: 3KPFL4A7XHE059984				
4000 Macarti Newport Bea 92660		As of the date you file, the claim is: apply.	Check all that			
Number, Street, City	/ State & Zin Code	☐ Contingent☐ Unliquidated				
ridingor, oncot, on	y, claic a zip code	☐ Disputed				
Who owes the debt?	Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		■ An agreement you made (such as	mortgage or secu	ıred		
Debtor 2 only		car loan)				
Debtor 1 and Debto	r 2 only	☐ Statutory lien (such as tax lien, me	chanic's lien)			
At least one of the d	debtors and another	☐ Judgment lien from a lawsuit				
Check if this claim community debt	relates to a	☐ Other (including a right to offset)				
Date debt was incurre	Opened 03/17 Last Active 7/10/19	Last 4 digits of account num	ber 1412			
Add the dellar value	of your entries in C	Column A on this nage Write that num	hor hore:	\$18,26	34.00	
		Column A on this page. Write that num the dollar value totals from all pages.				
Write that number b	,- 5. , - a. 101111, add	raine tetale iroin an pagesi	•	\$18,26	54.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Write that number here:

# Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main

			Docume	m Page 27 C	טס וכ		
Fill	in this informa	ation to identify your c	ase:				
De	btor 1	Danielle Marie Mill	er				
		First Name	Middle Name	Last Name			
	btor 2	First Name	Middle Name	Last Mana			
(Sp	ouse if, filing)	First Name	Middle Name	Last Name			
Un	ited States Ban	kruptcy Court for the:	WESTERN DISTRICT	OF MISSOURI			
Ca	se number						
	nown)					☐ Check	if this is an
						amen	ded filing
∩f	ficial Form	106F/F					
			ho Have Unseci	red Claims			12/15
			Part 1 for creditors with F		2 for creditors with NON	PRIORITY claims. L	
any	executory contra	acts or unexpired leases t	hat could result in a claim	. Also list executory cont	tracts on Schedule A/B: I	Property (Official Fo	rm 106A/B) and on
			ed Leases (Official Form red by Property. If more specifically				
left.	Attach the Conti	nuation Page to this page	e. If you have no information				
	e and case numl	, ,					
		of Your PRIORITY Uns					
1.	No. Go to Pa	s have priority unsecured	ciaims against you?				
		11 2.					
2	Yes.	oriarity unacquired eleima	. If a creditor has more than	and priority upagoured clair	m list the graditor congrets	ly for each claim. For	r and alaim listed
۷.			both priority and nonpriority				
			according to the creditor's reticular claim, list the other cr		n two priority unsecured cl	aims, fill out the Cont	inuation Page of
		•	ee the instructions for this for		t)		
	(1 of all explanat	ion or odon typo or oldini, ot		mi mano mondonom boomo	Total claim	Priority	Nonpriority
	Christian	n County Collector's				amount	amount
2.1		County Conector s		f account number	\$330.90	\$330.90	\$0.00
	Priority Cred		NA/Ib are core at la		<u> </u>		_
	Ozark, M	t Church St, Rm 101 O 65721	when was the	debt incurred?		-	
		eet City State Zip Code	As of the date	you file, the claim is: Che	eck all that apply		
	Who incurred	the debt? Check one.	☐ Contingent				
	Debtor 1 on	ly	☐ Unliquidated	d			
	Debtor 2 on	ly	☐ Disputed				
	Debtor 1 an	d Debtor 2 only	Type of PRIOR	RITY unsecured claim:			
		of the debtors and another	☐ Domestic su	upport obligations			
		is claim is for a commun	_	certain other debts you owe	the government		
		bject to offset?	_	leath or personal injury whil	•		
	■ No		☐ Other. Spec	sify			
	☐ Yes		·	2018 Personal P	Property Taxes		_
Pa	rt 2: List All	of Your NONPRIORITY	/ Unsecured Claims				
		s have nonpriority unsec					
٥.	•		rt. Submit this form to the co	ourt with your other ashedul	00		
		s notating to report in this pa	it. Gubiliit tilis lottii to the ct	out with your other scriedul	<b>с</b> ა.		
	Yes.						
4.		nonpriority unsecured cla , list the creditor separately	ims in the alphabetical ord	der of the creditor who ho	olds each claim. If a credit	or has more than one	nonpriority

Part 2.

Total claim

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 28 of 60

Case number (if known)

Deptor	1 Danielle Marie Miller		Case number (if known)	
4.1	Ameren Missouri Nonpriority Creditor's Name	Last 4 digits of account number	9412	\$926.00
	PO Box 790352 Saint Louis, MO 63179	When was the debt incurred?	Opened 02/19	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Unsecured		
4.2	AT&T - Uverse - Direct TV	Last 4 digits of account number	4345	\$265.00
	Nonpriority Creditor's Name P.O. Box 5014 Carol Stream, IL 60197	When was the debt incurred?		
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only ☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Services R	endered	
4.3	Capital One Bank Usa N Nonpriority Creditor's Name	Last 4 digits of account number	2821	\$742.00
	Po Box 30281	When was the debt incurred?	Opened 07/17 Last Active 8/27/18	
	Salt Lake City, UT 84130  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	I	

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 29 of 60

Case number (if known)

Danielle Marie Miller		Case number (if known)		
Capital One Bank Usa N Nonpriority Creditor's Name	Last 4 digits of account number	3051	\$576.00	
Po Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	Opened 03/16 Last Active 9/08/18		
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
Who incurred the debt? Check one.				
Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
Check if this claim is for a community	☐ Student loans			
debt is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
No	Debts to pension or profit-sharing	ng plans, and other similar debts		
☐ Yes	Other. Specify Credit Card	<u>d</u>		
Cleaver Dermatology Nonpriority Creditor's Name	Last 4 digits of account number		\$41.08	
1316 Country Club Drive Kirksville, MO 63501	When was the debt incurred?	2018		
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
■ Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
Yes	Other. Specify Services R	endered		
Collins Eye Clinic	Last 4 digits of account number	6473	\$435.00	
Nonpriority Creditor's Name  1342 E Primrose St	When was the debt incurred?	Opened 05/19		
Springfield, MO 65804  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
■ Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community	☐ Student loans			
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
□Yes	Other. Specify Services R	endered		

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 30 of 60

Deni	Danielle Marie Miller		Case number (ii known)	
4.7	Comenity Bank/torrid	Last 4 digits of account number	4180	\$0.00
	Nonpriority Creditor's Name Po Box 182789 Columbus, OH 43218	When was the debt incurred?	Opened 06/17 Last Active 4/10/18	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Charge Acc	count	
			All	
4.8	Cox Medical Group	Last 4 digits of account number	Accounts	\$2,476.00
	Nonpriority Creditor's Name 1423 N Jefferson Ave. Springfield, MO 65802	When was the debt incurred?	2017 - 2018	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharin	a plane, and other similar debte	
	■ No		g plans, and other similar debts	
	Yes	Other. Specify Medical		
4.9	Desert Medicl F C U	Last 4 digits of account number	4721	\$0.00
	Nonpriority Creditor's Name  3604 N Wells Fargo Ave S Scottsdale, AZ 85251	When was the debt incurred?	Opened 09/11 Last Active 11/25/11	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	and an and other similar 1.11	
	No	Debts to pension or profit-sharin		
	☐ Yes	■ Other. Specify Unsecured		

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 31 of 60

eptor 1 Danielle Marie Miller		Case number (if known)			
Directv	Last 4 digits of account number	6359	\$280.00		
Nonpriority Creditor's Name PO Box 5007	When was the debt incurred?				
Carol Stream, IL 60197  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
■ Debtor 1 only	☐ Contingent				
☐ Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
☐ Yes	Other. Specify  Services R				
		All			
Ferrell-Duncan Clinic	Last 4 digits of account number	Accounts	\$136.50		
Nonpriority Creditor's Name 1001 E Primrose St. Springfield, MO 65807	When was the debt incurred?				
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
■ Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
☐ Debtor 1 and Debtor 2 only	Disputed				
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
☐ Check if this claim is for a community	☐ Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims				
■ No	Debts to pension or profit-sharing	☐ Debts to pension or profit-sharing plans, and other similar debts			
Yes	Other. Specify Medical				
1 Glelsi/nelnet	Last 4 digits of account number	3934	Unknown		
Nonpriority Creditor's Name					
2401 International Lane Madison, WI 53704	When was the debt incurred?	Opened 10/05 Last Active 9/11/07			
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated ☐ Disputed				
Debtor 1 and Debtor 2 only					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
☐ Check if this claim is for a community	■ Student loans				
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
Yes	Other. Specify				
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	Type of NONPRIORITY unsecure  ■ Student loans  □ Obligations arising out of a separeport as priority claims  □ Debts to pension or profit-sharing	aration agreement or divorce that you did not			

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 32 of 60

Case number (if known)

Dep	tor 1 Danielle Marie Miller		Case number (if known)		
4.1	Katrina Weber	Last 4 digits of account number		\$60.00	
3	Nonpriority Creditor's Name 611 E. Dyann Dr.	When was the debt incurred?		<b>+</b> 00.00	
	Nixa, MO 65714  Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only				
	Debtor 2 only				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify Personal L	oan		
4.1 4	Kohls/capone	Last 4 digits of account number	8088	\$519.00	
	Nonpriority Creditor's Name	_	On and 100/47 I and Anthon		
	Po Box 3115 Milwaukee, WI 53201	When was the debt incurred?	Opened 03/17 Last Active 8/09/18		
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims			
	No	Debts to pension or profit-sharing			
	Yes	Other. Specify Charge Acc	count		
4.1	1		All	Hadaa aaaa	
5	Nonpriority Creditor's Name	Last 4 digits of account number	Accounts	Unknown	
	1235 E. Cherokee Springfield, MO 65804	When was the debt incurred?			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only ☐ Unliquidated				
	Debtor 1 and Debtor 2 only				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure			
	☐ Check if this claim is for a community debt	claim is for a community  Student loans  Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims			
	■ No	, ,	on or profit-sharing plans, and other similar debts		
	Yes	Other. Specify Medical			

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 33 of 60

Case number (if known)

4.1	Missouri Eye Institute, LLC	Last 4 digits of account number	All Accounts	\$101.39
	Nonpriority Creditor's Name 1531 E. Bradford Pkwy., Ste. 100	When was the debt incurred?		
	Springfield, MO 65804  Number Street City State Zip Code	As of the date you file, the claim	in Charle all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim	в. Спеск ан тат арргу	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	_		
		☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	Student loans	a ciaiii.	
	☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	tration agreement of divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical		
7 4.1	Nelnt/glelsi	Last 4 digits of account number	3934	\$0.00
	Nonpriority Creditor's Name	_	0 140/00/05 1 144	
	P.o. Box 7860 Madison, WI 53707	When was the debt incurred?	Opened 10/03/05 Last Active 9/11/07	
	Number Street City State Zip Code	As of the date you file, the claim		
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing		
	☐ Yes	☐ Other. Specify		
		Educationa	ıl	
4.1	Onemain	Last 4 digits of account number	9606	\$1,759.00
	Nonpriority Creditor's Name		Opened 03/18 Last Active	
	Po Box 1010 Evansville, IN 47706	When was the debt incurred?	8/29/18	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Unsecured		

Debtor 1 Danielle Marie Miller

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 34 of 60

Debt	or 1 Danielle Marie Miller	Case number (if known)				
4.1 9	Online Collections	Last 4 digits of account number	2235	\$974.00		
	Nonpriority Creditor's Name Po Box 1489	When was the debt incurred?	Opened 04/16			
	Winterville, NC 28590  Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	,	or o			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	No	Debts to pension or profit-sharin	g plans, and other similar debts			
	☐ Yes	■ Other. Specify Consult	Attorney Action Management			
1.2			All			
)	Ozark Anes-Oaa  Nonpriority Creditor's Name	Last 4 digits of account number	Accounts	\$394.00		
	1000 E Primrose, Ste. 520 Springfield, MO 65807	When was the debt incurred?	Opened 03/18			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Medical				
1.2	Portfolio Recov Assoc	Last 4 digits of account number	1025	\$4,708.00		
	Nonpriority Creditor's Name			* ,		
	150 Corporate Blvd	When was the debt incurred?	Opened 02/19			
	Norfolk, VA 23502  Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply			
	Who incurred the debt? Check one.	, ,	7			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	☐ Yes	Factoring C  Other. Specify Bank	Company Account Synchrony			

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 35 of 60

Dept	Danielle Marie Miller		Case number (if known)	
4.2 2	Security Fin	Last 4 digits of account number	0970	\$0.00
	Nonpriority Creditor's Name  C/o Security Finance Spartanburg, SC 29304	When was the debt incurred?	Opened 8/08/14 Last Active 9/03/14	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed		
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Type of NONPRIORITY unsecured  ☐ Student loans		
	debt Is the claim subject to offset? —	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Unsecured		
4.2	US Cellular  Nonpriority Creditor's Name	Last 4 digits of account number	2200	\$185.00
	2515 NW Arterial Dr. Dubuque, IA 52002	When was the debt incurred?	Opened 05/17	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No □ Yes	☐ Debts to pension or profit-sharin ☐ Other. Specify Unsecured	,	
4.2 4	Webbank/gettington  Nonpriority Creditor's Name	Last 4 digits of account number	6405	\$0.00
	6250 Ridgewood Road Saint Cloud, MN 56303	When was the debt incurred?	Opened 09/18 Last Active 05/19	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Charge Acc	count	

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

		Entered 08/14/19 17:07:02 Desc Main ge 36 of 60
Debtor 1 Danielle Marie Miller		Case number (if known)
Name and Address Aargon Collection Agen 3025 W Sahara Las Vegas, NV 89102	On which entry in Part 1 or Part 2 or Line <b>4.1</b> of ( <i>Check one</i> ):	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
243 Vogas, IVV 05102	Last 4 digits of account number	
Name and Address Cbs Col Padu 100 Fulton Ct. Paducah, KY 42001	On which entry in Part 1 or Part 2 of Line 4.8 of (Check one):	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Credence 17000 Dallas Parkway, Ste. 204 Dallas, TX 75248	On which entry in Part 1 or Part 2 of Line 4.10 of (Check one):  Last 4 digits of account number	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Creditors Financial Services, LLC 1675 E. Seminole St. Ste. L1 Springfield, MO 65804	On which entry in Part 1 or Part 2 of Line <b>4.16</b> of ( <i>Check one</i> ):  Last 4 digits of account number	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Diversified Adjustment 600 Coon Rapids Blvd Coon Rapids, MN 55433	On which entry in Part 1 or Part 2 of Line 4.23 of (Check one):  Last 4 digits of account number	did you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Diversified Consultant 10550 Deerwood Park Blvd Jacksonville, FL 32256	On which entry in Part 1 or Part 2 of Line 4.2 of (Check one):  Last 4 digits of account number	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Mrs Associates 1930 Olney Ave Cherry Hill, NJ 08003	On which entry in Part 1 or Part 2 of Line <b>4.23</b> of ( <i>Check one</i> ):  Last 4 digits of account number	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Online Collections Po Box 1489 Winterville, NC 28590	On which entry in Part 1 or Part 2 of Line 4.19 of (Check one):  Last 4 digits of account number	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Pioneer Capital Soluti 300 E Main St Ste 306 Anoka, MN 55303	On which entry in Part 1 or Part 2 of Line 4.6 of (Check one):  Last 4 digits of account number	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Pittenger Law Group LLC 6900 College Blvd. Ste. 325 Overland Park, KS 66211-1513	On which entry in Part 1 or Part 2 of Line 4.18 of (Check one):  Last 4 digits of account number	did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims

# Part 4: Add the Amounts for Each Type of Unsecured Claim

On which entry in Part 1 or Part 2 did you list the original creditor?

☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address
Transworld Sys Inc/55

Wilmington, DE 19850

Pob 15270

Line **4.20** of (*Check one*):

Last 4 digits of account number

<sup>6.</sup> Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

### Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 37 of 60

Debtor 1 Danielle Marie Miller

Case number (if known)

				•	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	330.90
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	<b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	330.90
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
rom Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	14,577.97
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	14,577.97

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 38 of 60

Fill in this infor	rmation to identify your	case:		
Debtor 1	Danielle Marie Mi	ller		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	WESTERN DISTRICT O	DF MISSOURI	
Case number				
(if known)				

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP (	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.3	•				
	Name				<del>_</del>
	Number	Street			_
	City		State	ZIP Code	<del></del>
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 39 of 60

		Docume	nt Page 39 of	60		
Fill in this	s information to identify your	case:				
Debtor 1	Danielle Marie Mi	ller				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, fil	ing) First Name	Middle Name	Last Name			
United Sta	ates Bankruptcy Court for the:	WESTERN DISTRICT C	DF MISSOURI			
Case num (if known)	nber				☐ Check if this is a amended filing	an
	al Form 106H <mark>dule H: Your Cod</mark>	ebtors				12/15
people are fill it out, a	s are people or entities who a e filing together, both are equ and number the entries in the e and case number (if known)	ally responsible for supp boxes on the left. Attach	lying correct information the Additional Page to	on. If more space is	needed, copy the Addition	al Page,
1. Do	you have any codebtors? (If	you are filing a joint case, o	do not list either spouse a	s a codebtor.		
□ No ■ Ye						
	thin the last 8 years, have you na, California, Idaho, Louisiana,					de
_	. Go to line 3. s. Did your spouse, former spo	use, or legal equivalent live	with you at the time?			
in line Form	lumn 1, list all of your codebt e 2 again as a codebtor only i 106D), Schedule E/F (Official column 2.	f that person is a guarant	tor or cosigner. Make s	ure you have listed	the creditor on Schedule D	(Official
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The concept Check all schedu	reditor to whom you owe the les that apply:	ne debt
3.1	Katrina Weber 611 E. Dyann Dr. Nixa, MO 65714			■ Schedule D, □ Schedule E/I □ Schedule G	F, line	

## Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 40 of 60

Sill	in this information to id	dontify your co	200				•				
		oanielle Mar									
	btor 2										
Uni	ited States Bankruptcy	Court for the	: WESTERN DISTRICT	OF MISSOURI							
	se number nown)						□ A □ A		ed filing ent showing	g postpetition ollowing date:	
	fficial Form 1						N	1M / DD/ Y	YYYY		
S	chedule I: Yo	our Inco	ome								12/15
spo atta	use. If you are separa ch a separate sheet t	ated and you o this form. ( mployment	are married and not filing wi r spouse is not filing wi On the top of any additi	ith you, do not inclu	ıde infor	mati	on about	your spoumber (if	ouse. If mo known). A	ore space is	needed,
	If you have more tha	n one iob.		■ Employed				☐ Empl		<u> </u>	
	attach a separate page with information about additional employers.		Employment status	☐ Not employed				☐ Not e	mployed		
			Occupation	Bus Attendant							
	Include part-time, se self-employed work.	asonal, or	Employer's name	Springfield Pub	olic Sch	ools	<b>5</b>				
	Occupation may incl or homemaker, if it a		Employer's address	1359 E. St. Lou Springfield, MC							
			How long employed t	here? 11 mor	nths			_			
Pai	rt 2: Give Detail	s About Mon	thly Income								
	imate monthly incomouse unless you are sep		ate you file this form. If	you have nothing to ı	report for	any	line, write	s \$0 in the	space. Inc	clude your no	n-filing
	ou or your non-filing spo e space, attach a sepa		ore than one employer, co	ombine the information	on for all	empl	oyers for	that perso	on on the li	nes below. If	you need
							For Del	otor 1		otor 2 or ng spouse	
2.			ry, and commissions (becalculate what the monthle		2.	\$	1	,149.99	\$	N/A	
3.	Estimate and list m	onthly overti	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Inc	ome. Add lin	ne 2 + line 3.		4.	\$	1,14	49.99	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data. if it	Deb	tor 1	Danielle Marie Miller	_	C	Case number	(if known)				
Solution of the company of the comp						For Debto	r 1				
5. List all payroll deductions:  5a. Tax, Medicare, and Social Security deductions  5b. Mandatory contributions for retirement plans  5c. Voluntary contributions for retirement plans  5c. S 80.50 \$ N/A  5d. Required repayments of retirement fund loans  5c. \$0.50 \$ N/A  5d. Required repayments of retirement fund loans  5c. \$0.50 \$ N/A  5d. Required repayments of retirement fund loans  5c. \$0.50 \$ N/A  5d. Required repayments of retirement fund loans  5d. \$0.00 \$ N/A  5d. Required repayments of retirement fund loans  5d. \$0.00 \$ N/A  5d. Required repayments of retirement fund loans  5d. \$0.00 \$ N/A  5d. Required repayments of retirement fund loans  5d. \$0.00 \$ N/A  5d. List all other income regularly received:  8d. List all other income regularly received:  8d. Net income from retail property and from operating a business, profession, or farm the retirement of the property and business schowing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8d. Interest and dividends  8d. \$0.00 \$ N/A  8d. List all other income regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$0.00 \$ N/A  8d. Social Security  8d. Unemployment compensation  8d. \$0.00 \$ N/A  8d. Unemployment compensation  8d. \$0.00 \$ N/A  8d. Social Security  8d. Other government assistance that you regularly receive include cach assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8d. Other government assistance that you regularly receive include cach assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  9d. \$0.00 \$ N/A  9d. Other monthly income. Add line 7 + line 9.  Add the entires in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  10.		Cop	y line 4 here	4.		\$ 1,	149.99			_	_
58. Tax, Medicare, and Social Security deductions   58. S   91,92   \$ N/A	5.	List									
55.   Mandatory contributions for retirement plans   5c.   \$ 0.00   \$ N/A	٠.			5a	1.	\$	91 92	\$		N/A	
5.5. Voluntary contributions for retirement plans 5.6. Required repayments of retirement fund loans 5.6. Required repayments of retirement fund loans 5.6. Insurance 5.6. S 0.000 \$ N/A 5.6. Insurance 5.7. Domestic support obligations 5.8. 0.000 \$ N/A 5. Union dues 5.9. Union dues 5.9. Union dues 5.0. 0.000 \$ N/A 5.0. Other deductions. Specify: 5.0. 0.000 \$ N/A 5.0. Add the payroll deductions. Add lines 5a+5b+5c+5c+5d+5e+5f+5g+5h. 6. Add the payroll deductions. Add lines 5a+5b+5c+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 927.16 \$ N/A  8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8. Interest and dividends 8. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8. Social Security 8. Other government assistance that you regularly receive include alimony, spousal support, open the value (if known) of any non-cash assistance hat you receive, such as foot stamps, (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8. Social Security 8. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance hat you receive, such as foot stamps, (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8. Pension or retirement income 8. Other monthly income. Add lines 8a+8b+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8c+8d+8			· · · · · · · · · · · · · · · · · · ·			·		- '-			_
5d. Required repayments of retirement fund loans 5e. Insurance 6f. Domestic support obligations 6f. Domestic support obligations 7f. S 0.000 \$ N/A 5g. Union dues 7f. S 0.000 \$ N/A 7h. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 927.16 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 927.16 \$ N/A 8. Net income from rental property and from operating a business, profession, or farm 8. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly retirement and dividends 8b. terest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive linclude allmony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.000 \$ N/A 8d. S 0.000 \$ N/A 8d. Unemployment compensation 8d. \$ 0.000 \$ N/A 8d. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance hat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. Pension or retirement income 8g. Pension or retirement income. Add line 7 + line 9. 8g. Pension or retirement income. Specify: 8g. Pension or retirement income. Add line 7 + line 9. 8d. Butter and other requiar contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contribution			·			·		- '-			_
5e. Insurance  5f. Domestic support obligations  5f. S 0.000 \$ N/A  5g. Union dues  5g. S 0.000 \$ N/A  5g. Union dues  5g. S 0.000 \$ N/A  5g. Union dues  5g. S 0.000 \$ N/A  7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 222.83 \$ N/A  7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 327.16 \$ N/A  8. List all other income regularly received:  8a. Net income from untal property and from operating a business, profession, or farm.  Attach a statement for each property and pusiness showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly received:  8l. Unemployment compensation  8c. S 358.79 \$ N/A  8l. Unemployment compensation  8d. Unemployment compensation  8d. Unemployment compensation  8d. S 0.000 \$ N/A  8l. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income. Add lines 8a+8b+8c+8d+8e+8l+8g+8h.  9. \$ 358.79 \$ N/A  8g. Pension or retirement income. Add lines 8a+8b+8c+8d+8e+8l+8g+8h.  9. \$ 358.79 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. + \$ 0.000  12. \$ 1,285.95			·			·					_
55. Domestic support obligations 59. Union dues 59. \$ 0.000 \$ N/A 59. Union dues 59. \$ 0.000 \$ N/A 59. Union dues 59. \$ 0.000 \$ N/A 59. Other deductions. Specify: 59. \$ 0.000 \$ N/A 70. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 327.16 \$ N/A 70. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 327.16 \$ N/A 71. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 327.16 \$ N/A 72. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 327.16 \$ N/A 73. Subtract line 6 from line 4. 7. \$ 327.16 \$ N/A 74. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 327.16 \$ N/A 84. List all other income regularly received: 85. Interest and dividends subsiness spowing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 86. Interest and dividends subsiness expenses, and the total monthly net income. 87. Family support payments that you, a non-filling spouse, or a dependent regularly receive settlement, and property settlement. 88. Social Security subsiders. 88. Social Security subsiders. 89. Social Security subsiders. 89. Outer government assistance that you regularly receive such as food stamps thenefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 89. Pension or retirement income. 80. N/A 80. Other monthly income. Specify: 80. Pension or retirement income 80. N/A 80. Other monthly income. Specify: 81. Add all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your browneshold, your dependents, your roommates, and other friends or relatives. 80. On on include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your bousehold, your dependents, your roommates, and other friends or relatives. 81. Do you expect an increase or decrease within the year		5e.	, , , ,	5e	<b>)</b> .	\$					_
5g. Union dues 5h. Other deductions. Specify: 5h. Specif		5f.	Domestic support obligations	5f.		\$	0.00	\$			_
5h. Other deductions. Specify:  6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 222.83 \$ N/A  7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 927.16 \$ N/A  8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. \$ 0.00 \$ N/A  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 358.79 \$ N/A  10. Calculate monthly income. Add lines 7 + line 9.  Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 358.79 \$ N/A  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  12. \$ 1,285.95 Committed monthly income.  Write that amount in the last column of		5g.		5g	١.	\$	0.00	\$		N/A	=
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 927.16 \$ N/A  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Increst and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. \$ 358.79 \$ N/A  8e. Social Security  8f. Other government assistance that you regularly receive Include each assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  \$pecify:  8f. \$ 0.00 \$ N/A  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 358.79 \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 358.79 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. ** \$ 0.000  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Slatistical Summary of Certain Liabilities and Related Data, if it applies  12. Combined monthly income.  13. Do you expect an increase or decrease within the year after you file this form?		5h.	Other deductions. Specify:			\$	0.00	+ \$			_
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 927.16 \$ N/A  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Increast and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. Sals. 9.0.00 \$ N/A  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as lood stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8p. Pension or retirement income  8h. Social Security  8p. Pension or retirement income  8h. \$ 0.00 \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 358.79 \$ N/A  10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 358.79 \$ N/A  11. +\$ N/A  12. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. **S 0.000**  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. Combined monthly income.	6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	222.83	\$		N/A	_
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 358.79 \$ N/A  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8f. \$ 0.00 \$ N/A  8d. Pension or retirement income  8g. \$ 0.00 \$ N/A  8h. Other monthly income. Specify:  8h. \$ 0.00 \$ N/A  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 358.79 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.	7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$				N/A	-
8h. Other monthly income. Specify:  8h. + \$ 0.00 + \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 358.79   \$ N/A  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?  No.	8.	8a. 8b. 8c. 8d. 8e. 8f.	Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8b 8c 8d 8e e	).	\$ \$ \$ \$ \$	0.00 358.79 0.00 0.00	\$_ - \$_ - \$_ - \$_ - \$_		N/A N/A N/A	- - - -
10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?		-	Other monthly income. Specify:	-		\$					_
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?  No.	9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S	358.79	\$_		N/A	A
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?  No.	10.	Calo	culate monthly income. Add line 7 + line 9.	10.	\$	1.285	95 + \$		N/A	= \$	1.285.95
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?  No.			· · · · · · · · · · · · · · · · · · ·	L	<u> </u>	-,					-,=
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$\frac{1,285.95}{\text{Combined monthly income}}\$  13. Do you expect an increase or decrease within the year after you file this form?  No.	11.	Inclu othe Do r	ude contributions from an unmarried partner, members of your household, you or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not	r depe				•	Schedule		0.00
13. Do you expect an increase or decrease within the year after you file this form?  ■ No. monthly income	12.	Writ	e that amount on the Summary of Schedules and Statistical Summary of Certa							\$	1,285.95
	13.	Do	you expect an increase or decrease within the year after you file this form	1?					'		

	n this informs	ation to identify yo	our caso:					
						<b>C</b> !	de if their in	
Debt	tor 1	Danielle Mar	ie Miller				ck if this is:  An amended filing	
Debt	tor 2					_	•	ving postpetition chapter
(Spc	ouse, if filing)					_	13 expenses as of	the following date:
Unite	ed States Bankı	ruptcy Court for the	: WESTE	ERN DISTRICT OF MISSO	DURI	-	MM / DD / YYYY	
	e number nown)							
Of	ficial Fo	orm 106J						
Sc	chedule	J: Your	Exper	ises				12/15
Be a info nun	as complete ormation. If m nber (if know	and accurate as nore space is ne rn). Answer ever	s possible eded, atta ry questio	. If two married people a ch another sheet to this				
Part	Desci	ribe Your House	hold					
••	■ No. Go to	o line 2.	in a sanar	ate household?				
	□ res. Doe		iii a sepai	ate nousenoid:				
	=		st file Offici	al Form 106J-2, <i>Expense</i> s	s for Separate House	hold of Deb	tor 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Daughter		12	Yes
								□ No
							<u> </u>	☐ Yes
								□ No □ Yes
								☐ Yes
								☐ Yes
3.	Do your exp	penses include		No			<u> </u>	<b>—</b> 103
		f people other to d your depende	han $_{oldsymbol{\square}}$	Yes				
Part		ate Your Ongoi						
ехр				uptcy filing date unless y y is filed. If this is a supp				
the	value of suc	h assistance an		government assistance cluded it on Schedule I:			V2	
(Off	icial Form 10	061.)					Your exp	enses
4.		or home owners		ses for your residence.	Include first mortgage	4. \$	i	0.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. \$	i	0.00
	4b. Prope	erty, homeowner's	s, or renter	's insurance		4b. \$		0.00
				upkeep expenses		4c. \$		0.00
_		owner's associat				4d. \$		0.00
5.	Additional	mortgage payme	ents for vo	<b>our residence</b> , such as ho	ome equity loans	5. \$		0.00

Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedul 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Pet Expenses	6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15b. 15c. 15d. 17a. 17b.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	150.00 30.00 71.00 0.00 250.00 40.00 25.00 15.00 0.00 0.00 0.00 106.00 10.00 423.90 0.00
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: Personal Property Taxes Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on the your did not report as deducted from your pay on there syedify: Other real property Expenses not included in lines 4 or 5 of this form or on Schedul 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Pet Expenses Calculate your monthly expenses	6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	30.00 71.00 0.00 250.00 40.00 25.00 15.00 85.00 0.00 0.00 0.00 106.00 10.00 423.90 0.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify:  Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedul 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Pet Expenses Calculate your monthly expenses	6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	71.00 0.00 250.00 40.00 45.00 15.00 85.00 0.00 0.00 0.00 106.00 423.90 0.00
6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedul 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Pet Expenses Calculate your monthly expenses	6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 250.00 0.00 40.00 25.00 15.00 85.00 0.00 0.00 106.00 10.00 423.90 0.00
Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedul 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Pet Expenses Calculate your monthly expenses	7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17d. 17a. 17b.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 250.00 0.00 40.00 25.00 15.00 85.00 0.00 0.00 106.00 10.00 423.90 0.00
Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedul 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Pet Expenses Calculate your monthly expenses	8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	250.00 0.00 40.00 25.00 15.00 85.00 0.00 0.00 106.00 10.00 423.90 0.00
Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedul 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Pet Expenses Calculate your monthly expenses	9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 40.00 25.00 15.00 85.00 0.00 0.00 0.00 106.00 10.00 423.90 0.00
Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedul 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Pet Expenses Calculate your monthly expenses	9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	40.00 25.00 15.00 85.00 0.00 0.00 106.00 10.00 423.90
Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedul 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Pet Expenses Calculate your monthly expenses	11. 12. 13. 14. 15a. 15b. 15c. 15d. 16. 17a. 17b. 17c.	\$	25.00 15.00 85.00 0.00 0.00 0.00 106.00 0.00 423.90
Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedul 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Pet Expenses Calculate your monthly expenses	12. 13. 14. 15a. 15b. 15c. 15d. 16. 17a. 17b. 17c.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	15.00 85.00 0.00 0.00 0.00 106.00 0.00 423.90 0.00
Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Charitable contributions and religious donations  Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance.  15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: Personal Property Taxes  Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule 20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20e. Homeowner's association or condominium dues  Other: Specify:  Pet Expenses  Calculate your monthly expenses	13. 14. 15a. 15b. 15c. 15d. 16. 17a. 17b. 17c.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	85.00 0.00 0.00 0.00 106.00 0.00 10.00 423.90
Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  Charitable contributions and religious donations  Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. Other specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 17d. Other payments you make to support others who do not live with you. 17d. Other payments you make to support others who do not live with you. 17d. Other payments you make to support others who do not live with you. 17d. Other payments you make to support others who do not live with you. 17d. Other payments you make to support others who do not live with you. 17d. Other payments you make to support others who do not live with you. 17d. Other payments you make to support others who do not live with you. 17d. Other payments you make to support others who do not live with you. 17d. Other payments you make to support others who do not live with you. 17d. Other payments you make to support others who do not live with you. 17d. Other payments you make to support others who do not live with you. 17d. Other payments you make to support others who do not live with you. 17d. Other payments you make to support others who do not live with you. 17d. Other payments you make to support others who do not live with you. 17d. Other payments you make to support that you did not report you payments. 17d. Other payments you make to support you payments. 17d. Other payments. 17d. Other payments. 17d. Other payments. 17d. Other payments	13. 14. 15a. 15b. 15c. 15d. 16. 17a. 17b. 17c.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 106.00 0.00 10.00 423.90
. Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Pet Expenses Calculate your monthly expenses	14. 15a. 15b. 15c. 15d. 16. 17a. 17b. 17c.	\$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 106.00 0.00 10.00 423.90
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: Personal Property Taxes  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 17d. Other payments you make to support others who do not live with you. 18d. Other payments you make to support others who do not live with you. 19d. Other real property expenses not included in lines 4 or 5 of this form or on Schedul 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues  Other: Specify: Pet Expenses  Calculate your monthly expenses	15a. 15b. 15c. 15d. 16. 17a. 17b.	\$	0.00 0.00 106.00 0.00 10.00 423.90
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: Personal Property Taxes  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 10 Other payments you make to support others who do not live with you. 11 Specify: 12 Other real property expenses not included in lines 4 or 5 of this form or on Schedule 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues  Other: Specify: Pet Expenses  Calculate your monthly expenses	15b. 15c. 15d. 16. 17a. 17b. 17c.	\$	0.00 106.00 0.00 10.00 423.90 0.00
15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17 our payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 10 Other payments you make to support others who do not live with you. 11 Specify: 12 Other real property expenses not included in lines 4 or 5 of this form or on Schedule 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20 Other: Specify: 20 Pet Expenses 20 Calculate your monthly expenses	15b. 15c. 15d. 16. 17a. 17b. 17c.	\$	0.00 106.00 0.00 10.00 423.90 0.00
15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Pet Expenses  Calculate your monthly expenses	15b. 15c. 15d. 16. 17a. 17b. 17c.	\$	0.00 106.00 0.00 10.00 423.90 0.00
15c. Vehicle insurance 15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. Other specify: 17d. Other specify: 18deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19deucted from your pay on line 5, Schedule I, Your lncome (Official Form 106I). 19deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 20deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 21deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 22deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 22deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 22deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 22deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 22deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 22deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 22deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 22deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 22deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 22deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 22deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 22deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 22deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 22deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 22deucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 22deucted from your pay on line 5, Sch	15c. 15d. 16. 17a. 17b. 17c.	\$	106.00 0.00 10.00 423.90 0.00
15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: Personal Property Taxes  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other syour pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Pet Expenses  Calculate your monthly expenses	15d. 16. 17a. 17b. 17c.	\$ \$ \$	0.00 10.00 423.90 0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: Personal Property Taxes  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. Other synce of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Pet Expenses  Calculate your monthly expenses	16. 17a. 17b. 17c.	\$ \$ \$	10.00 423.90 0.00
Specify: Personal Property Taxes  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify:  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify:  Pet Expenses  Calculate your monthly expenses	17a. 17b. 17c.	\$ \$	423.90 0.00
Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. Other specify: 17d. Other specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 17d. Other payments you make to support others who do not live with you. 18d. Other payments you make to support others who do not live with you. 18d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 20a. 18d. Mortgages on other property 19d. Real estate taxes 19d. Property, homeowner's, or renter's insurance 19d. Maintenance, repair, and upkeep expenses 19d. Homeowner's association or condominium dues 19d. Other: Specify: 19d. Pet Expenses 19d. Calculate your monthly expenses	17b. 17c.	\$	0.00
17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify:  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues  Other: Specify:  Pet Expenses  Calculate your monthly expenses	17b. 17c.	\$	0.00
17c. Other. Specify: 17d. Other. Specify:  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule 20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20e. Homeowner's association or condominium dues  Other: Specify:  Pet Expenses  Calculate your monthly expenses	17c.	·	
17d. Other. Specify:  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule 20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20e. Homeowner's association or condominium dues  Other: Specify:  Pet Expenses  Calculate your monthly expenses	_	\$	0.00
17d. Other. Specify:  Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule 20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20e. Homeowner's association or condominium dues  Other: Specify:  Pet Expenses  Calculate your monthly expenses			0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule 20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20e. Homeowner's association or condominium dues  Other: Specify:  Pet Expenses  Calculate your monthly expenses	17d.	\$	0.00
Other payments you make to support others who do not live with you.  Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedul 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Pet Expenses Calculate your monthly expenses	=	_	0.00
Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedul 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues  Other: Specify: Pet Expenses  Calculate your monthly expenses	18.	· ·	0.00
Other real property expenses not included in lines 4 or 5 of this form or on Schedul 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues  Other: Specify: Pet Expenses  Calculate your monthly expenses		\$	0.00
20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues  Other: Specify: Pet Expenses  Calculate your monthly expenses	_ 19.		
20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues  Other: Specify: Pet Expenses  Calculate your monthly expenses			
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues  Other: Specify: Pet Expenses  Calculate your monthly expenses	20a.		0.00
20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues  Other: Specify: Pet Expenses  Calculate your monthly expenses	20b.	·	0.00
20e. Homeowner's association or condominium dues     Other: Specify: Pet Expenses     Calculate your monthly expenses	20c.	·	0.00
. Other: Specify: Pet Expenses . Calculate your monthly expenses	20d.	·	0.00
Calculate your monthly expenses	20e.	\$	0.00
	21.	+\$	30.00
22a. Add lines 4 through 21.		\$	1,235.90
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	,
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	1,235.90
Calculate your monthly net income.			
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,285.95
23b. Copy your monthly expenses from line 22c above.	23b.	-\$	1,285.95
200. Copy your monthly expenses nomine 220 above.	۷۵۵.	-ψ	1,235.90
23c. Subtract your monthly expenses from your monthly income.			
The result is your <i>monthly net income</i> .	23c.	\$	50.05
Do you expect an increase or decrease in your expenses within the year after you fill For example, do you expect to finish paying for your car loan within the year or do you expect your momodification to the terms of your mortgage?			se or decrease because o
No.	rtgage p		
☐ Yes. Explain here: <b>Debtor has no monthly rental payment, as Debtor</b>			

## Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 44 of 60

Fill in this in	formation to identify your	case:				
Debtor 1	Danielle Marie Mi					
Debtor 2	First Name	Middle Name	Last Nam	ie		
(Spouse if, filing)	First Name	Middle Name	Last Nam	ie		
United States	Bankruptcy Court for the:	WESTERN DISTRICT	OF MISSOURI			
Case number	r					
(if known)						k if this is an ded filing
You must file obtaining mo years, or both	ney or property by fraud in n. 18 U.S.C. §§ 152, 1341, 1	le bankruptcy schedule	s or amended s	chedules. Making a	nation. false statement, concealir to \$250,000, or imprisonm	
9	Sign Below					
Did you	pay or agree to pay some	one who is NOT an atto	rney to help yoເ	fill out bankruptcy	forms?	
■ No						
☐ Yes	s. Name of person				Attach <i>Bankruptcy Petition F</i> Declaration, and Signature (	
	enalty of perjury, I declare vare true and correct.	that I have read the sun	nmary and sche	dules filed with this	s declaration and	
X /s/ D	Danielle Marie Miller		X			
	ielle Marie Miller ature of Debtor 1		Sig	nature of Debtor 2		
Date	August 14, 2019		Da	te		

### Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 45 of 60

Eill is	n this infor	mation to identify you	r casa:			
Debt	OI I	Danielle Marie M	Middle Name	Last Name		
Debte (Spous	or 2 se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Ba	ankruptcy Court for the:	WESTERN DISTRICT OF	MISSOURI		
Case (if know	e number wn)					Check if this is an amended filing
Sta Be as	tement	and accurate as possi	Affairs for Indivicular ble. If two married people a attach a separate sheet to	re filing together, both are	equally responsible for sup	
numb Part		n). Answer every ques	stion. arital Status and Where You	Lived Before		
		ir current marital statu		Lived Belole		
[	☐ Married ■ Not ma	i				
2. [	During the	last 3 years, have you	lived anywhere other than	where you live now?		
]	■ No □ Yes. Li	st all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>ı</i> .	
	Debtor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
			ver live with a spouse or leg lifornia, Idaho, Louisiana, Nev			
[	■ No □ Yes. M	ake sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	ficial Form 106H).		
Part	2 Expla	in the Sources of You	r Income			
F	Fill in the tot	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-	time activities.	ndar years?
[ 	□ No ■ Yes. Fi	ll in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	•	of current year until ed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$9,528.31	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Mair Document Page 46 of 60

Debtor 1 Danielle Marie Miller Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$13,907.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2018) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$16,777.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. (before deductions each source Describe below. (before deductions and and exclusions) exclusions) From January 1 of current year until Child Support \$3,517.30 the date you filed for bankruptcy: For last calendar year: Child Support Unknown (January 1 to December 31, 2018) For the calendar year before that: Unknown **Child Support** (January 1 to December 31, 2017) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?  $\square$  No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address** Dates of payment Amount you Was this payment for ... Total amount

Official Form 107

still owe

paid

Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Case 19-60969-can7 Document Page 47 of 60 Case number (if known)

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pay	ment for
	Kia Motors Finance 4000 Macarthur Blvd Ste Newport Beach, CA 92660	Monthly Payments	\$1,271.70	\$18,264.00	☐ Mortgage ☐ Car ☐ Credit Car ☐ Loan Repa ☐ Suppliers of	ayment
7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	ortners; relatives of any gen control, or owner of 20% o	eral partners; partner r more of their voting	rships of which yo securities; and ar	u are a general ny managing ag	partner; corporation ent, including one fo
	<ul><li>No</li><li>Yes. List all payments to an insider.</li></ul>					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the	his payment
	Katrina Weber 611 E. Dyann Dr. Nixa, MO 65714	7/2019	\$142.00	\$60.00	Personal Lo	oan
	insider? Include payments on debts guaranteed or cos  ■ No □ Yes. List all payments to an insider Insider's Name and Address	igned by an insider.  Dates of payment	Total amount paid	Amount you still owe	Reason for the Include credit	
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  Case title					or custody
	Case number	Nature of the sase	oourt or agonoy		Otatus of the	· ousc
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.		erty repossessed, fo	oreclosed, garnis	hed, attached,	seized, or levied?
	Creditor Name and Address	Describe the Property  Explain what happened	i	Date		Value of the property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment become No Yes. Fill in the details.	otcy, did any creditor, inc		ancial institution	, set off any an	nounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date :	action was	Amount

Debtor 1 Danielle Marie Miller

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Document Page 48 of 60 Debtor 1 Danielle Marie Miller Case number (if known) 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of transferred or transfer was Address payment Email or website address made Person Who Made the Payment, if Not You Douglas Haun & Heidemann, P.C. 2/2019 **Attorney Fees** \$1,299.00 901 E St. Louis St., Suite 1200 Springfield, MO 65806

**Credit Counseling Services** 

\$60.00

jordyn@dhhlawfirm.com

Greenpath, Inc.

36500 Corporate Dr. Farmington, MI 48331

7/2019

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 49 of 60

Debtor 1 Danielle Marie Miller

Case number (if known)

17.	<ul> <li>17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?</li> <li>Do not include any payment or transfer that you listed on line 16.</li> </ul>											
	☐ Yes. Fill in the details.											
	Person Who Was Paid Description and value of any property Address Date payment transferred or transfer was made											
18.	Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus Include both outright transfers and transfers mad include gifts and transfers that you have already	siness or financial affa le as security (such as the	irs? ne granting of a s	, ,	, , ,	,						
	■ No □ Yes. Fill in the details.											
	Person Who Received Transfer Address	Description and very property transferr			any property or s received or debts	Date transfer was made						
	Person's relationship to you			<b>p</b> a	.c.i.a.i.gc							
19.	Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-prote		y property to a s	self-settled tr	ust or similar device o	of which you are a						
	Yes. Fill in the details.											
	Name of trust	Description and va	alue of the prop	erty transfer	red	Date Transfer was made						
Par	8: List of Certain Financial Accounts, Instr	ruments, Safe Deposit	Boxes, and Sto	rage Units								
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No											
	Yes. Fill in the details.											
		ast 4 digits of account number	Type of accourant instrument	cl m	ate account was osed, sold, oved, or ansferred	Last balance before closing or transfer						
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ar before you filed for	bankruptcy, an	y safe depos	it box or other deposi	tory for securities,						
	■ No □ Yes. Fill in the details.											
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, St State and ZIP Code)		Describe the	contents	Do you still have it?						
22.	Have you stored property in a storage unit or	place other than your	home within 1 y	/ear before y	ou filed for bankruptc	y?						
	■ No											
	☐ Yes. Fill in the details.											
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		Describe the	contents	Do you still have it?						
		•										

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 50 of 60

Debtor 1 Danielle Marie Miller

Case number (if known)

Par	t 9: Identify Property You Hold or Control for	Someone Else					
23.	3. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.						
	No						
	Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value			
Par	t 10: Give Details About Environmental Inform	nation					
For	the purpose of Part 10, the following definitions	s apply:					
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, groun	— ·				
	Site means any location, facility, or property as to own, operate, or utilize it, including disposa	•	law, whether you now own, operate,	or utilize it or used			
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic	substance,			
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they occurred.				
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	e under or in violation of an environm	nental law?			
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of any release of hazardous material?						
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice			
26.	Have you been a party in any judicial or admini	istrative proceeding under any env	ironmental law? Include settlements	and orders.			
	■ No □ Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City,	Nature of the case	Status of the case			
		State and ZIP Code)					
Par	t 11: Give Details About Your Business or Co	nnections to Any Business					
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of the following connections to an	y business?			
☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership						
	☐ An officer, director, or managing execu	itive of a corporation					
	An owner of at least 5% of the veting o	r aquity acquirities of a corneration					

Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Case 19-60969-can7 Document Page 51 of 60 Debtor 1 Danielle Marie Miller Case number (if known)

	No. None of the above applies. Go to I	Part 12.						
	Yes. Check all that apply above and fill in the details below for each business.							
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.					
	(, <b>,,</b>	Name of accountant of bookkeeper	Dates business existed					
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.							
	■ No □ Yes. Fill in the details below.							
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued						
Pai	t 12: Sign Below							
are with 18 U	true and correct. I understand that making a a bankruptcy case can result in fines up to I.S.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property, or o	declare under penalty of perjury that the answers btaining money or property by fraud in connection irs, or both.					
Da	Danielle Marie Miller nielle Marie Miller nature of Debtor 1	Signature of Debtor 2						
Dat	e _August 14, 2019	Date						
Did ■ N		ent of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?					
Did ■ N	you pay or agree to pay someone who is no	t an attorney to help you fill out bankruptcy	y forms?					

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

### Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 52 of 60

Fill in this information to identify your case:		
Debtor 1 Danielle Marie Miller		
First Name Middle	Name Last Name	_
Debtor 2   (Spouse if, filing)   First Name   Middle	Name Last Name	_
United States Bankruptcy Court for the: WESTERN	N DISTRICT OF MISSOURI	
office states bankruptey court for the.	V DIGITALOT OF IMPOSCORY	-
Case number (if known)	<u> </u>	Chack if this is an
(II KIOWII)		☐ Check if this is an amended filing
Official Form 108		
Statement of Intention for Ir	ndividuals Filing Under Cha	pter 7 12/15
	<del>-</del>	
If you are an individual filing under chapter 7, you n		
creditors have claims secured by your property,		
you have leased personal property and the lease You must file this form with the court within 30 day.		ate set for the meeting of creditors
	ends the time for cause. You must also send copies	
on the form		
If two married people are filing together in a joint ca	ase, both are equally responsible for supplying corr	ect information. Both debtors must
sign and date the form.		
Be as complete and accurate as possible. If more s	pace is needed, attach a separate sheet to this form	ı. On the top of any additional pages,
write your name and case number (if know	wn).	
Part 1: List Your Creditors Who Have Secured C	daims	
<ol> <li>For any creditors that you listed in Part 1 of Sche information below.</li> </ol>	edule D: Creditors Who Have Claims Secured by Pro	perty (Official Form 106D), fill in the
Identify the creditor and the property that is collate		
	secures a debt?	as exempt on Schedule C?
Creditor's Kia Motors Finance	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	<u>_</u>
Description of 2017 Kia Forte 35000 miles	Retain the property and enter into a	■ Yes
property VIN: 3KPFL4A7XHE059984	Reaffirmation Agreement.	
securing debt:	☐ Retain the property and [explain]:	
<b>3</b>	-	
Part 2: List Your Unexpired Personal Property Le		
For any unexpired personal property lease that you in the information below. Do not list real estate leas		
	ease if the trustee does not assume it. 11 U.S.C. § 36	
		55(p)(2).
Describe your unexpired personal property leases		Will the lease be assumed?
Describe your unexpired personal property leases Lessor's name:		
Lessor's name: Description of leased		Will the lease be assumed?  ☐ No
Lessor's name:		Will the lease be assumed?
Lessor's name: Description of leased Property:		Will the lease be assumed?  No Yes
Lessor's name: Description of leased Property:  Lessor's name: Description of leased		Will the lease be assumed?  No Yes No
Lessor's name: Description of leased Property: Lessor's name:		Will the lease be assumed?  No Yes

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

## Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 53 of 60

Debto	r 1	Danielle Marie Miller	Case number (if known)	
Doggr	intior	a of langed		
Prope	•	n of leased	☐ Yes	
Lesso		ame: n of leased	□ No	
Prope		Torreased	□ Yes	
Lesso		ame: n of leased	□ No	
Prope		Torreased	□ Yes	
Lesso		ame: n of leased	□ No	
Prope	•	Torreased	☐ Yes	
Lesso			□ No	
Prope	•	n of leased	☐ Yes	
Part 3	: 3	Sign Below		
Under prope	pena ty th	alty of perjury, I declare that I have inc at is subject to an unexpired lease.	eated my intention about any property of my estate that secures a	lebt and any personal
x /	s/ Da	anielle Marie Miller	X	
_		elle Marie Miller ture of Debtor 1	Signature of Debtor 2	
	Date	August 14, 2019	Date	

Fill in this inf	inspection to identify your cons						
	ormation to identify your case:			ieck one 2A-1Sur		irected in this form an	d in Form
Debtor 1	Danielle Marie Miller						
Debtor 2 (Spouse, if filing)				■ 1. Th	ere is no pres	umption of abuse	
-	s Bankruptcy Court for the: Western District o	f Missouri				o determine if a presu	
						nade under <i>Chapter 7</i> icial Form 122A-2).	Means Test
Case number (if known)	er				•	does not apply now b	ecause of
						service but it could a	
				☐ Che	ck if this is a	n amended filing	
	Form 122A - 1						
Chapte	r 7 Statement of Your Cui	rent Mor	nthly Inc	ome	)		12/15
attach a separ case number ( qualifying mili	te and accurate as possible. If two married people ate sheet to this form. Include the line number to viff known). If you believe that you are exempted fro tary service, complete and file Statement of Exemple Calculate Your Current Monthly Income	vhich the additior m a presumption	nal information a of abuse becau	applies. ( Ise you d	On the top of a	ny additional pages, wri	ite your name and or because of
1. What is	s your marital and filing status? Check one or	າly.					
■ Not	married. Fill out Column A, lines 2-11.						
	ried and your spouse is filing with you. Fi∥ o		•	2-11.			
	ried and your spouse is NOT filing with you.	•	•				
	iving in the same household and are not lega				•		
p	iving separately or are legally separated. Fill benalty of perjury that you and your spouse are living apart for reasons that do not include evadi	egally separated	d under nonban	kruptcy	law that applie	es or that you and you	
101(10A). F the 6 month	average monthly income that you received from all For example, if you are filing on September 15, the 6-nns, add the income for all 6 months and divide the tota you the same rental property, put the income from that p	nonth period would by 6. Fill in the re	be March 1 thro	ugh Augu de any in	ist 31. If the amo	ount of your monthly incorore than once. For example	me varied during ple, if both
				Colum. Debtoi		Column B Debtor 2 or non-filing spouse	
	ross wages, salary, tips, bonuses, overtime, deductions).	and commission	ons (before all	\$	1,149.99	\$	
	ny and maintenance payments. Do not include n B is filled in.	payments from	a spouse if	\$	0.00	\$	
of you from an and roo	ounts from any source which are regularly por your dependents, including child support a unmarried partner, members of your household mmates. Include regular contributions from a sp. Do not include payments you listed on line 3.	. Include regular d, your depende	contributions nts, parents,	\$	513.76	\$	
	come from operating a business, profession,	or farm					
			otor 1				
	receipts (before all deductions)	\$ <u>0.00</u> -\$ 0.00					
	y and necessary operating expenses		Copy here ->	. \$	0.00	\$	
	nthly income from a business, profession, or far come from rental and other real property		copy more	<b>—</b>			
O. 1461 1110	ionio non romai ana omoi reai property	Deb	otor 1				
Gross r	receipts (before all deductions)	\$ 0.00					
Ordinar	ry and necessary operating expenses	-\$ 0.00					
Net mo	nthly income from rental or other real property	\$0.00	Copy here ->	\$	0.00	\$	
7. Interes	t, dividends, and royalties			\$	0.00	\$	

Official Form 122A-1

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 55 of 60

Debtor	1 <u>D</u>	anie	lle Marie Miller			Case number	r (if known)			
						Column A Debtor 1		Column B Debtor 2	or	
8. <b>l</b>	Jnemp	oloyn	nent compensation			\$	0.00	\$	•	
			r the amount if you contend that the amoun security Act. Instead, list it here:	t received was a benef	it under					
	For y	ou <sub></sub>	\$	0.	00					
			spouse\$							
t	enefit	unde	retirement income. Do not include any an er the Social Security Act.			\$	0.00	\$		
r c	Do not eceive	inclu d as tic te	m all other sources not listed above. Spe ide any benefits received under the Social S a victim of a war crime, a crime against hur rrorism. If necessary, list other sources on a	Security Act or paymen manity, or international	its or					
						\$	0.00	\$		
						\$	0.00	\$		
		To	tal amounts from separate pages, if any.		+	\$	0.00	\$		
			<b>Your total current monthly income.</b> Add ling in. Then add the total for Column A to the to		\$	1,663.75	+ \$		= \$	1,663.75
									Total	current monthly
Part 2	2:	Dete	rmine Whether the Means Test Applies t	o You						.•
12. <b>(</b>	Calcula	ate y	our current monthly income for the year	. Follow these steps:						
1	I2a. Co	ору у	our total current monthly income from line	11		Сору	y line 11	here=>	\$	1,663.75
	M	ultipl	y by 12 (the number of months in a year)						X	12
1	l2b. Th	ne re	sult is your annual income for this part of th	e form				12	b. \$	19,965.00
40.4	S-1l	-4- 41								
13. (	Jaicula	ate ti	he median family income that applies to	you. Follow these step	os:					
F	Fill in th	ne sta	ate in which you live.	МО						
F	ill in th	ne nu	umber of people in your household.	2						
F	ill in th	ne m	edian family income for your state and size	of household.				13	. s	61,310.00
٦	Γo find	a list	t of applicable median income amounts, go  This list may also be available at the bank	online using the link sp						
			,	raptoy cient a office.						
	10w u		e lines compare?  Line 12b is less than or equal to line 13. O	n the top of page 1, ch	eck box	: 1, There is i	no presun	nption of abu	se.	
1	14b.		Go to Part 3. Line 12b is more than line 13. On the top of	of page 1, check box 2	, The pre	esumption of	abuse is	determined i	by Form 1	22A-2.
			Go to Part 3 and fill out Form 122A-2.							
Part 3			Below							
	Ву	/ sigr	ning here, I declare under penalty of perjury	that the information or	n this sta	atement and	in any att	achments is	true and c	orrect.
	Χ	/s/ [	Danielle Marie Miller							
		Dar	nielle Marie Miller nature of Debtor 1							
			gust 14, 2019 / DD / YYYY							
			ר טט / די די די checked line 14a, do NOT fill out or file Forr	n 122A-2						
		•	checked line 14b, fill out Form 122A-2 and f							
	11	you (	onconca iine 140, iii oul Fullii 122M-2 dilu 1	iio it with this lotti.						

Case 19-60969-can7 Doc 1 Filed 08/14/19 Entered 08/14/19 17:07:02 Desc Main Document Page 56 of 60

Debtor 1 Danielle Marie Miller Case number (if known)

### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 02/01/2019 to 07/31/2019.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: School District of Springfield

Income by Month:

6 Months Ago:	02/2019	\$1,067.08
5 Months Ago:	03/2019	\$1,043.59
4 Months Ago:	04/2019	\$1,273.91
3 Months Ago:	05/2019	\$992.71
2 Months Ago:	06/2019	\$1,450.39
Last Month:	07/2019	\$1,072.28
	Average per month:	\$1,149.99

### Line 4 - Child support income (including foster care and disability)

Source of Income: Nicholas Smith

Income by Month:

6 Months Ago:	02/2019	\$358.79
5 Months Ago:	03/2019	\$358.79
4 Months Ago:	04/2019	\$1,258.16
3 Months Ago:	05/2019	\$358.79
2 Months Ago:	06/2019	\$476.48
Last Month:	07/2019	\$271.56
	Average per month:	\$513.76

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.